PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							A	Application or Docket Number 10/538,540			ing Date 11/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A	N/A		N/A		N/A		]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A			N/A		N/A		]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A			N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		mir	minus 20 = *			П	x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	S	m	minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE S	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (			size fee due r each hereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							l			]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		]	TOTAL		
									L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	10/27/2008	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUS PAID FOR	SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 6	Minus	<b></b> 20		= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	3		= 0	1	x \$ =		OR	X \$220=	0	
M	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						l			OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAININ AFTER AMENDME	VG	HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16(i))		Minus	**		=	П	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***			l	x \$ =		OR	x s =		
Ш	Application Size Fee (37 CFR 1.16(s))						l			]			
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

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